



The Dignity Digest

Issue # 210

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The Dignity Digest is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Tuesday.

***May require registration before accessing the article.**

DignityMA Zoom Sessions

Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.

Spotlight

[Senior Care Policy Brief: Overbilling and Killing?](#)

Long Term Care Community Coalition

October 31, 2024

[Overbilling and Killing? An Examination of the Skilled Nursing Industry](#) is a new study on the extent to which some nursing homes

manipulate the reimbursement system to maximize profits and the impact of these practices on both patient safety and the integrity of the use of the public funds which pay for most nursing home care in the United States.

These issues have been top concerns for LTCCC, especially in light of recent studies showing [excessive hidden profits](#) and [tunneling of profits into related-parties](#) in the nursing home industry. Five years ago, the federal Centers for Medicare & Medicaid Services (CMS) revised its payment system for Medicare services due to concerns about fraud. The new system, the Patient Driven Payment Model (PDPM), was supposed to reduce costs and improve efficiency. Unfortunately, as the authors of this new study found, the revised system is also prone to manipulation by predatory operators. This issue of the *Brief* is dedicated to some of their key findings.

OVERBILLING AND MASKING POOR CARE

- Some nursing homes, referred to as “opportunistic systems,” systematically overcharge for care, particularly in rehabilitation services, to maximize profits. This overbilling contributes to rising healthcare costs while draining public funds meant for care. It has resulted in overbilling Medicare by an estimated \$4.3 billion, while patient outcomes have worsened significantly.
 - Patients at these facilities are 67% more likely to develop pressure ulcers and nearly 10% more likely to die within 90 days of leaving the facility.
 - The data suggest that this has contributed to an additional 35,000 hospitalizations and 30,000 deaths since PDPM’s implementation in 2019.
- These facilities underreport preventable conditions such as pressure ulcers, urinary tract infections, and traumatic falls, artificially inflating their CMS ratings.
 - These deceptive practices mislead residents and families who rely on these ratings to choose providers. In reality, these facilities have lower staffing, more health

	<p>deficiencies, and twice as many substantiated complaints as their more ethical counterparts.</p> <p>CORPORATE GREED AND EXPANSION</p> <ul style="list-style-type: none"> • Many of these operators cut costs by reducing nurse staffing, providing 37% fewer registered nurse hours compared to other facilities. • In the worst-offending facilities, 38.7% of patients were receiving the most intensive rehab care right up to the day of their death – indicating a focus on maximizing revenue rather than providing appropriate care. <p>CONCLUSION AND A CALL FOR REFORM</p> <ul style="list-style-type: none"> • “First, the fact that SNF systems have such widespread and persistent differences in fraud and health outcomes indicates that better care at lower prices is feasible....” • “Second, given that existing methods of reporting preventable health outcomes are gamed, much more attention needs to be spent on measuring and quantifying patient health outcomes.” • “Third, enforcement penalties need to be substantially increased.” <p>Download This Paper Open PDF in Browser</p>
<p>Quotes</p>	<p><i>Some nursing homes, referred to as “opportunistic systems,” systematically overcharge for care, particularly in rehabilitation services, to maximize profits. This overbilling contributes to rising healthcare costs while draining public funds meant for care. It has resulted in overbilling Medicare by an estimated \$4.3 billion, while patient outcomes have worsened significantly.</i></p> <p>Senior Care Policy Brief: Overbilling and Killing?, Long Term Care Community Coalition, October 31, 2024</p> <p><i>“I hope your sugar goes up to 500 and you have a heart attack and die.”</i></p> <p>Said to a nursing facility resident who experienced verbal abuse at one-star facility, Left waiting and suffering: Elder Justice “No Harm” Newsletter (Volume 6, Issue 1), Long Term Care Community Coalition</p> <p><i>“Assisted living residences in Massachusetts are kind of the Wild West. There are really very little protections for the consumers. While many facilities are well run some homes have poorly defined fees, exorbitant rents, and unceremonious evictions. It’s just that there are no standards.”</i></p>

John Ford, director of the elder law project at the Northeast Justice Center in Lynn and Chair, DignityMA's Assisted Living Workgroup, ['I don't deserve it': Seniors sue Revere assisted living home over 'ancillary fees'](#), ***Boston Globe**, October 30, 2024

Seniors in assisted living are “a vulnerable group that could benefit from additional consumer protections.”

Mary Freeley, deputy chief of the attorney general's office's health care and fair competition bureau and head of the elder justice unit, ['I don't deserve it': Seniors sue Revere assisted living home over 'ancillary fees'](#), ***Boston Globe**, October 30, 2024

“So many residents rely on public transit on a daily basis, and by enabling free fares at a number of our regional transit systems, we are making transportation more equitable for those who need it the most.”

Transportation Secretary Monica Tibbits-Nutt, [Healey-Driscoll Administration Announces Fare Free Regional Transit Across State](#), **Office of Governor Maura Healey and Lt. Gov. Kim Driscoll**, October 24, 2024

“I feel like a beggar when I have to ask friends and neighbors for a ride.”

David Hosford, 87 year-old Plymouth resident with mild cognitive impairment who is awaiting a driving evaluation, ['You can no longer drive, and good luck': Figuring out how long it's safe to drive has become the third rail of aging](#), ***Boston Globe**, October 30, 2024

“Losing the ability to drive is like breathing. You don't think about it until you can't.”

Diana Hosford, wife of David Hosford, ['You can no longer drive, and good luck': Figuring out how long it's safe to drive has become the third rail of aging](#), ***Boston Globe**, October 30, 2024

During the reporting period of July 1, 2023, to June 30, 2024, the Department pursued over 300 criminal and civil enforcement actions involving conduct that targeted or disproportionately affected older adults. Approximately 98% of the cases were criminal in nature and 31% involved international schemes. These cases named over

700 defendants charged with stealing or alleged to have stolen nearly \$700 million from over 225,000 victims.

[Annual Report to Congress on DOJ Activities to Combat Elder Fraud and Abuse](#), **U. S. Department of Justice**, October 2024

	<p><i>Of the approximately 3 million direct care workers, 13% work in residential care facilities such as assisted living communities and continuing care retirement / life plan communities, according to a new analysis by KFF. By comparison, 37% work in home health, 29% work in nursing facilities and 21% provide nonresidential services for older adults and people with disabilities.</i></p> <p>13 percent of direct care workers work in residential care settings such as assisted living: analysis, McKnights Senior Living, November 4, 2024</p> <p><i>A bumper crop of revisions, including a stronger drug benefit, means the plan you enrolled in for 2024 may not be the best fit next year.</i></p> <p><i>Americans on Medicare will see big, and welcome, changes next year. The program’s prescription drug insurance will be much stronger — and easier to understand — as a result of the Inflation Reduction Act of 2022.</i></p> <p>It’s Time to Shop for Medicare, and 2025 Brings Big Changes, New York Times (free access), November 4, 2024 (updated)</p>
<p>Opportunity for Public Comment</p>	<p>Office of Attorney General Andrea Campbell Attorney General’s Office Seeks Community Feedback To Inform Drafting Of Assisted Living Residences Regulations</p> <p>To submit comments: https://massgov.formstack.com/forms/community_feedback_on_a_go_assisted_living_residences</p> <p>The Massachusetts Attorney General’s Office (AGO) is seeking public feedback to inform drafting consumer protection regulations for assisted living residences in Massachusetts. Members of the public can provide comments to the AGO through an online form, available here.</p> <p>Through regulation, the AGO seeks to protect residents of assisted living residences from unfair and deceptive acts and practices, including misrepresentation of available services, improper fees, and unlawful evictions. The aging population served by these facilities would benefit greatly from stronger consumer protections in all of these areas, and owners and operators will benefit from greater specificity regarding their legal obligations. At this time, Massachusetts does not have consumer protection regulations specific to assisted living residences.</p> <p>“We know the best way to serve our constituents is by listening to them,” said Attorney General Andrea Joy Campbell. “Every resident of an assisted living facility has the right to live in a safe and habitable environment, free from abuse, neglect, and exploitation. Our older adults deserve to age safely with dignity and respect, which is why</p>

creating consumer protection regulations for assisted living facilities is so important and responsive to their advocacy.”

Assisted living residences are designed for older adults who can live independently in a home-like environment, but may need help with daily activities like housekeeping, bathing, or medication assistance. According to the Executive Office of Elder Affairs, more than 17,000 people currently live in these residences in Massachusetts and have various options available to them. It is critical that consumers know what to expect when choosing an assisted living residence as their home. [Chapter 93A](#), the consumer protection statute, authorizes the Attorney General to promulgate regulations to protect consumers. These regulations can require that facilities make certain disclosures about their contractual terms, and they also can declare certain acts and practices to be unlawful.

Those who wish to provide feedback on the creation of regulations can do so through an online form, which can be found [here](#).

The AGO will use this feedback to inform draft regulations and will then proceed to promulgate regulations, a process which will include the publication of proposed regulations, a public hearing, and opportunities for the public to comment on the proposed regulations.

This project is being handled by Director Mary Freeley and Deputy Director Valerie Frias of the AGO’s [Elder Justice Unit](#). AG Campbell created the Unit in August 2023 to protect and promote the safety and well-being of elders through enforcement actions, legislative advocacy, and community engagement and education.

Statements of Support:

Acting Secretary Robin Lipson, Executive Office of Elder Affairs: “We thank Attorney General Andrea Joy Campbell and her team for their dedication to protecting residents in assisted living. The demographics of these residents continues to evolve – they are now older, with more complex needs, and it is essential that we ensure these individuals are informed and protected as they navigate their living options. Elder Affairs looks forward to working with the Attorney General’s Office as the team explores ways to address assisted living residence consumer issues.”

Former Senator Richard Moore, Co-Founder of Dignity Alliance and Member of the Leadership Council of the National Consumer Voice for Quality Long-Term Care: “Protecting older adults in assisted living facilities from financial, or other forms of abuse, is an important goal for Dignity Alliance. Attorney General Campbell deserves high praise for taking action to expand consumer protections to this vulnerable population. And since October is designated as “Residents’ Rights Month,” it’s a great time to launch the development of this vital effort.”

John Ford, Northeast Justice Center and Dignity Alliance: “The Attorney General’s concern for the residents of more than 250 Assisted Living Residences in Massachusetts echoes the concerns of many residents, their loved ones and their advocates. Their advocates in particular know the value and scope of the protections afforded by regulations issued pursuant to the Consumer Protection Act (chapter 93A), which give weight and specificity as to what would be an unfair act or practice. We applaud the Attorney General’s commitment to the growing numbers of consumers who will be protected by the regulations.”

	<p>Kathleen Lynch Moncata and Liane Zeitz, Mass. Chapter of the National Academy of Elder Law Attorneys: “Massachusetts has a long history of pioneering consumer protections for vulnerable populations such as nursing home residents and tenants and we welcome comparable protections for consumers of assisted living residences (ALRs). ALR residents currently have little legal recourse when they do not receive the quality of care they’ve contracted for or when their rights are violated. We support Attorney General Campbell’s efforts to provide increased protections for this vulnerable population.”</p> <p>To submit comments: https://massgov.formstack.com/forms/community_feedback_on_a_go_assisted_living_residences</p>
<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p>Nursing Homes Justice department ‘redoubling’ nursing home enforcement efforts (McKnights Long-Term Care News, November 4, 2024) CMS finalizes physician pay cut, while skilled nursing docs, others press for fix (McKnights Long-Term Care News, November 4, 2024) Left waiting and suffering: Elder Justice “No Harm” Newsletter (Volume 6, Issue 1) (Long Term Care Community Coalition)</p> <p>Assisted Living 13 percent of direct care workers work in residential care settings such as assisted living: analysis (McKnights Senior Living, November 4, 2024) ‘I don’t deserve it’: Seniors sue Revere assisted living home over ‘ancillary fees’ (*Boston Globe, October 30, 2024)</p> <p>Caregiving November: National Family Caregivers Month (Administration on Community Living)</p> <p>Medicare It’s Time to Shop for Medicare, and 2025 Brings Big Changes (New York Times (free access), November 4, 2024 (updated))</p> <p>Aging Topics ‘You can no longer drive, and good luck’: Figuring out how long it’s safe to drive has become the third rail of aging (*Boston Globe, October 30, 2024)</p> <p>Elder Abuse and Fraud Annual Report to Congress on DOJ Activities to Combat Elder Fraud and Abuse (U. S. Department of Justice, October 2024) Preventing and Responding to Domestic and Sexual Violence in Later Life (National Center on Elder Abuse, October 2024) NCAEM Mentorship Program Announcement (National Center on Elder Abuse) Where Faith and Safety Meet Faith Communities Respond to Elder Abuse (National Center on Elder Abuse)</p> <p>Public Policy Mariano sets legislative game plan for rest of year (Commonwealth Beacon, October 28, 2024)</p> <p>Actions by the Attorney General AG’s Office Announces \$10 Million Multistate Settlement With Generic Drug Manufacturer Over Conspiracies To Inflate Prices And Limit Competition (Office of Attorney General Andrea Campbell, November 1, 2024)</p>

	<p><u>Quincy-Based Physician Group To Pay \$650,000 To Resolve Allegations of False Billing to MassHealth</u> (Office of Attorney General Andrea Campbell, October 30, 2024)</p> <p><u>AG's Office Reaches Settlement With Swampscott-Based Medical Transportation Company To Resolve False Billing Allegations</u> (Office of Attorney General Andrea Campbell, October 29, 2024)</p> <p>Transportation</p> <p><u>Healey-Driscoll Administration Announces Fare Free Regional Transit Across State</u> (Office of Governor Maura Healey and Lt. Gov. Kim Driscoll, October 24, 2024)</p> <p>Public Sessions</p> <p>Massachusetts Commission for the Blind Statutory Advisory Board (Tuesday, November 5, 2024, 12:00 p.m.)</p> <p>State Rehabilitation Council (Thursday, November 7, 2024, 4:00 p.m.)</p>
<p>Events</p>	<p>Massachusetts Executive Office of Energy and Environmental Affairs Wednesday, November 6, 2024, 1:00 p.m. Noble View Outdoor Center, 635 South Quarter Rd., Russell, MA</p> <p><u>Trails for All</u></p> <p>Energy and Environmental Affairs Secretary Tepper and Office of Outdoor Recreation Director Paul Jahnige launches a "Trails for All" program, to establish a working group of stakeholders, including members of the disability community. The goal is to enhance both paved and unpaved accessible trails.</p> <p>Massachusetts Caregiver Coalition Thursday, November 7, 2024, 8:00 a.m. Blue Cross Blue Shield Innovation Center 101 Huntington Ave., 2nd floor, Boston</p> <p><u>National Family Caregivers Month Celebration</u></p> <p>Labor and Workforce Development Secretary Jones and Health and Human Services Secretary Walsh are the speakers at a Mass. Caregiver Coalition breakfast focusing on "strategies and best practices to support family caregivers in the workplace."</p> <p>Harvard Law School Project on Disability Friday, November 8, 2024, 7:00 p.m.</p> <p><u>Climate Change Is a Disability Issue</u> Boston Museum of Science</p> <p>Join HPOD's Executive Director, Professor <u>Michael Ashley Stein</u>, at the Boston Museum of Science on November 8th at 7pm, as he moderates a <u>conversation about the intersections of disability rights and climate change</u>.</p> <p><u>Climate change is a disability issue</u>. Air quality and extreme heat, combined with evacuation challenges posed by extreme weather, green zones that exclude economically disadvantaged people, and inaccessible mass transit systems, are all just examples of why it's important to look at <u>climate solutions and practices through a disability inclusion lens</u>.</p> <p>Find out how end-to-end disability inclusivity — from engaging students with disabilities in STEM education, creating STEM employment opportunities for people with disabilities, and involving them in policy solutions — can help create solutions that benefit persons with and without disabilities alike.</p> <p>Hosted by <u>Perkins School for the Blind</u>, in partnership with the Museum's <u>Centers for Public Science Learning</u>, this evening of</p>

	<p>conversation will illuminate how to advance disability-inclusive climate practices, for environmentalists of all ages and roles, at the intersection of disability education and climate policy.</p> <p>Panelists</p> <ul style="list-style-type: none"> • Kris Bayne, Secondary STEM Teacher, Perkins School for the Blind • Kristen McCosh, City of Boston Disability Commissioner • Valerie Novack, disability and climate researcher <p>https://tickets.mos.org/events/3dd51aac-8d4f-4396-35bc-837ee1946c0c</p>
<p>Public Hearings</p>	<p>1. Center for Health Information and Analysis Thursday, November 7, 2024, 10:00 a.m. 501 Boylston St., Ste. 5100, Boston Public Hearing</p> <p>Center for Health Information and Analysis holds hearing on proposed regulatory amendments dealing with payer data reporting, assessment on certain health care providers and surcharge payers, cost reporting, nursing facility cost reporting, hospital financial data reporting requirements, and other data submission and reporting. "The amended regulations govern CHIA's enforcement of requirements that payers, providers, and others make data submissions to CHIA. The proposed amendments provide additional information to data submitters about CHIA's process for imposing monetary penalties when organizations fail to submit data as required, including organizations' right to an adjudicatory hearing," the agency said in a notice.</p> <p>To register to testify at the hearings and to get instructions on how to join the hearings online, go to www.mass.gov/info-details/executive-office-of-health-and-human-servicespublic-hearings. To join the hearings by phone, call 646-558-8656, and enter meeting ID 935 397 8200# when prompted. You may also submit written testimony instead of, or in addition to, live testimony. To submit written testimony, please email your testimony to ehs-regulations@mass.gov as an attached Word or PDF document or as text within the body of the email with the name of the regulation in the subject line. All written testimony must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit testimony by email should mail written testimony to EOHHS, c/o D. Briggs, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Written testimony will be accepted through 5:00 p.m. on Friday, November 1. EOHHS specifically invites comments as to how the amendments may affect beneficiary access to care.</p> <p>To review the emergency regulation, go to www.mass.gov/infodetails/executive-office-of-health-and-human-services-public-hearings or request a copy in writing from MassHealth Publications, 100 Hancock Street, 6th Floor, Quincy, MA 02171.</p> <p>Special accommodation requests may be directed to the Disability Accommodations Ombudsman by email at ADAAccommodations@mass.gov or by phone at (617) 847-3468 (TTY: (617) 847-3788 for people who are deaf, hard of hearing, or speech disabled). Please allow two weeks to schedule sign language interpreters.</p> <p>More Info</p>
<p>Webinars and Online Sessions</p>	<p>2. National Center on Elder Abuse Wednesday, November 6, 2024, 1:00 to 2:15 p.m. Conversations on Caregiving, Ethics, and Elder Mistreatment</p> <p>Caregiving for a family member, chosen family, partner, or friend, can be very rewarding and meaningful. It can also be challenging. As a loved one's</p>

needs increase and caregiving duties expand over time, unexpected physical, emotional, and/or financial hardships may arise. Within this context, critical ethical questions may surface on topics including healthcare and financial decision-making; self-determination, safety, and autonomy; the changing nature of family relationships; and the link between caregiving and abuse. Panelists will discuss ethical issues in caregiving and practices to prevent mistreatment.

PANEL:

- **Nicholas R. Mercado, DrPH, MCHES, HEC-C**, Clinical Ethicist, Director of Bioethics for the MD Program and Assistant Professor, Department of Health Humanities and Bioethics, University of Rochester School of Medicine & Dentistry
- **Georgia J. Anetzberger, PhD, ACSW, FGSA**, Consultant in private practice and Adjunct Faculty, Case Western Reserve University
- **Pamela Teaster, PhD, MA, MS**, Professor of Human Development and Family Science, Virginia Tech & Director, Virginia Tech Center for Gerontology
- **Donna Benton, PhD**, Director, Los Angeles Family Caregiver Resource Center & Professor, USC Leonard Davis School of Gerontology
- **Candace Heisler, JD**, Author, Trainer, & Consultant and Retired Assistant District Attorney, City and County of San Francisco

3. Stanford Center on Longevity

Wednesday, November 6, 2024, 2:00 p.m.

[Longevity Book Club with Debra Whitman](#)

Americans are now living decades longer than previous generations.

These added years offer exciting possibilities, but also raise crucial questions.

In *The Second Fifty*, Debra Whitman provides a roadmap for navigating, and celebrating, the second half of life. Drawing on compelling stories from her own family and people across the country, interviews with experts, and cutting-edge research, she shares insights on brain health, the contributions and concerns of an older workforce, caregiving, financing retirement, and more.

Her findings are often surprising: Americans over fifty are a boon to—not a drain on—the economy. Dementia rates have actually been declining as more people achieve higher levels of education and adopt healthier lifestyles. Whether you are approaching fifty, into your later years, or caring for someone who is, *The Second Fifty* is an indispensable guide for living well in the twenty-first century.

[Register now!](#)

4. National Center on Elder Abuse

Wednesday, November 6, 2024, 3:00 p.m.

[Protecting Our Heroes: Supporting Veterans with Financial Safety](#)

This webinar brings together a team of San Francisco veterans' services experts and provides critical information on supporting veterans and their families in financial safety. This webinar is hosted by Institute on Aging's Elder Abuse Prevention Program/Veterans Benefits Protection Project in partnership with VA's Benefits Delivery Protection & Remediation, San Francisco County Veterans Services Office, Medical-Legal Partnership for Seniors (UC Law San Francisco) and Swords to Plowshares.

This webinar will cover:

- Scams and financial challenges targeting veterans
- Solutions to enhance veterans' financial security

	<ul style="list-style-type: none"> • Local, county, and federal resources to support veterans and their dependents after financial abuse • How to report fraud • Legal tools and rep payee services available to protect veterans' assets <p>Presenters:</p> <ul style="list-style-type: none"> • Glen Fishman, Senior Program Development Specialist, Institute on Aging • Janette Groom, Senior Program Analyst, Veterans Benefits Administration • Maurice Delmer, Veterans Claims Representative and Acting CVSO, San Francisco County Veterans Services Office • Sara Huffman, Managing Attorney and Adjunct Professor of the Medical-Legal Partnership for Seniors (MLPS), UC Law San Francisco • Michelle Lewis, Financial Empowerment Program Coordinator, & Diedre Robinson, Financial Impowerment Program Case Manager, Swords to Plowshares <p>5. U. S. Department of Justice Thursday, November 14, 2024, 12:00 p.m. <u>Utilizing Decision-Making Capacity Assessments in Criminal Cases</u> Consent is a frequent defense in financial crimes, sexual assaults, and caregiver neglect cases involving older adults; however, a victim's diminished decision-making capacity may undermine what appears to be consent, triggering a violation of the law. In this webinar, Dr. LoFaso, a geriatrician, will discuss the concept of decision-making capacity and how it is assessed. Then, Page Ulrey, a prosecutor, will discuss how a victim's diminished decision-making capacity is used in making charging decisions, how to access professional evaluators, and how evidence of diminished decision-making capacity is used and defended at trial.</p> <p>6. Stanford Center on Longevity Wednesday, December 11, 2024, 3:00 p.m. <u>A Conversation with Natalie Foster</u> In <i>The Guarantee</i>, Natalie Foster asks us to imagine an America where housing, health care, a college education, dignified work, family care, an inheritance, and an income floor are not only attainable by all but guaranteed, by our government, for everyone. As it stands, our current economic system is chock full of government-backed guarantees, from bailouts to bankruptcy protection, to keep the private sector in business. So why can't the same be true for the rest of us? And how would it foster healthy aging in an era of increased longevity? Natalie Foster's vision for a new Guarantee Framework is rooted in real life experiences, collaborations with some of today's most important activists and visionaries, and a concrete sense of the policies that are possible—and ready to implement—in twenty-first-century America.</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: <u>https://dignityalliancema.org/webinars-and-online-sessions/</u></p>
<p>Nursing Homes</p>	<p>7. McKnights Long-Term Care News November 4, 2024 <u>Justice department 'redoubling' nursing home enforcement efforts</u> By Zee Johnson</p>

The Department of Justice’s new report details how the bureau is tackling crimes against older adults and how some providers have found themselves on the wrong side of investigations — and often of prosecution for resident negligence and abuse.

The [Annual Report](#) to Congress on Department of Justice Activities to Combat Elder Fraud and Abuse showed that from July 1, 2023 to June 30, DOJ leaders doubled down on their elder abuse prevention efforts, mainly through the [National Nursing Home Initiative](#), which targets the country’s “worst nursing homes.”

The DOJ estimates that in the US, [more than 10%](#) of adults 65 and older fall victim to some form of abuse each year, including physical abuse and financial exploitation.

“The Department of Justice will continue to bring to justice those nursing facilities, nursing facility owners and operators, and affiliated entities who defraud the Medicare and Medicaid programs, by providing grossly substandard care to their residents, failing to adequately staff their facilities to meet their residents’ needs, or failing to follow appropriate clinical protocols,” said Susan Carney Lynch, senior counsel for elder justice, civil division, in the report.

Two Pittsburgh providers that operated Comprehensive Healthcare Management Services and Mount Lebanon Rehabilitation and Wellness Center, for example, found themselves in the DOJ’s sight line. They were nabbed under the initiative for submitting false staffing information to the Center for Medicare & Medicaid Services and the Pennsylvania Department of Health.

On another front, New Jersey was held accountable for inefficient infection control processes after two long-term care communities reported the highest number of resident deaths for facilities of its size in the region.

In March, the department held its first annual [National Elder Justice Law Enforcement Summit](#), where law enforcement officials shared the progress that’s been made over the past decade in preventing elder abuse and strengthening nursing home investigations.

Leaders were educated on industry best practices and strategies, such as how to utilize the Elder Abuse Guide for Law Enforcement and understanding dementia’s role in an elder abuse investigation.

In the months leading up to the summit, the DOJ pursued nearly 300 civil and criminal cases against alleged elder abuse offenders.

8. McKnights Long-Term Care News

November 4, 2024

[*CMS finalizes physician pay cut, while skilled nursing docs, others press for fix*](#)

By Kimberly Marselas

The Centers for Medicare & Medicaid late Friday firmed up a 2.8% pay cut for most physicians, therapists and others who bill nursing home patients for services under Medicare Part B. But a Congressional effort to block the cut is well underway.

The agency is statutorily required to institute flatline funding for calendar year 2025, but providers are also losing a 2.93% temporary increase in payments that had boosted them for much of 2024. [CMS said](#) “a small” budget neutrality adjustment also was incorporated to account for changes in the values of particular services.

The resulting 2.8% reduction under the Physician Fee Schedule is in line with the [cut proposed](#) by CMS in July.

Reductions have totaled 29% since 2001, according to the American Medical Association, which has warned repeatedly of reduced access to physicians and other providers, especially in rural and underserved areas. AMA President Bruce A. Scott, MD noted in a statement Friday that the Final Rule acknowledges that the Medicare Economic Index is up 3.5%, reflecting providers' increased costs. But the fee schedule has no automatic inflationary tool, such as the market basket update used to help calculate nursing homes' annual payment rates.

Congress has for several years applied a patch to at least partially restore payment cuts, but the process has become more drawn out amid prolonged partisan infighting about year-end budget resolutions.

"We are lobbying Congress to provide provider relief by patching the reduction yet again," said Cynthia Morton, executive vice president of ADVION, which advocates for nursing home therapists and other ancillary service providers. "Congress is going to tire of doing this, and we will be pursuing whole-scale reform of the Fee Schedule in the next Congress."

Scott of the AMA said the final fee schedule rule "starts the clock — with Jan. 1 looming. A legislative remedy will require hard work and compromise. Although it might sound oxymoronic, we need an active lame duck. The 66 million patients who rely on Medicare are counting on that."

There does appear to be strong bipartisan support for at least another temporary patch. In late October, [233 House members](#) pushed their leadership to tackle physician pay reform. On Oct. 29, Congressman Greg Murphy, MD, (R-NC) introduced the Medicare Patient Access and Practice Stabilization Act, which would provide a 4.7% payment update next year.

9. Long Term Care Community Coalition

[Left waiting and suffering: Elder Justice "No Harm" Newsletter \(Volume 6, Issue 1\)](#)

In the Elder Justice Newsletter, we highlight citations, including deficiencies related to abuse, neglect, and substandard care, which have been identified as not causing any resident harm. **The goal of this brief newsletter is to shed light on the issue of so-called "no harm" deficiencies, which typically result in no fine or penalty to the nursing home.**

This special issue of the Elder Justice Newsletter focuses on facilities owned or operated by [Centers Health Care](#), a growing nursing home chain, which is facing mounting legal challenges amid allegations of "[poor conditions... and evidence of massive Medicaid fraud](#)."

Though [Centers' website](#) states that its facilities "maintain a large, tight-knit care staff to ensure every resident has more than one hands-on caregiver," [federal data](#) indicate that Centers Health Care facilities average 3.38 nurse staff hours per resident per day (HPRD). This is well below the 4.1 HPRD identified in a federal study as the minimum necessary to provide basic safety.

Federal data also indicate that the average overall rating for Centers facilities is 1.6 (with one being the lowest possible rating and five the highest). Their average ratings for health inspection is 1.7.

LTCCC and the Center for Medicare Advocacy have long been concerned about sophisticated, predatory operators in the nursing home sector. This issue of the newsletter aims to highlight the harm and suffering that arise when operators with serious, well-documented issues are permitted to continue and expand their nursing home operations.

This newsletter focuses on the following "no harm" violations:

	<ul style="list-style-type: none"> • “I hope your sugar goes up to 500 and you have a heart attack and die”: Resident experiences verbal abuse at one-star facility. • Nursing home shortfalls: Inadequate staffing leads to painful delays in care. • Left waiting and suffering: Residents found in soiled conditions. • Nine days in pain: Resident endures delay in UTI diagnosis. • Neglect in daily care: Residents left unattended in soiled clothing. • Abuse confirmed, reporting delayed: Residents endure abuse amid culture of fear.
<p>Assisted Living</p>	<p>10. McKnights Senior Living November 4, 2024 13 percent of direct care workers work in residential care settings such as assisted living: analysis By Lois A. Bowers</p> <p>Of the approximately 3 million direct care workers, 13% work in residential care facilities such as assisted living communities and continuing care retirement / life plan communities, according to a new analysis by KFF. By comparison, 37% work in home health, 29% work in nursing facilities and 21% provide nonresidential services for older adults and people with disabilities.</p> <p>The findings are based on a KFF analysis of data from the 2022 US Census Bureau’s American Community Survey’s one-year file. The ACS includes a 1% sample of the US population, and the subset of direct care workers used included more than 26,000 observations. The direct care workforce was defined as all individuals who earned at least \$1,000 during the year and indicated that their job was in the long-term care industry as an RN, LPN, licensed vocational nurse, home health aide, personal care aide or nursing assistant. The ACS does not include unpaid long-term care caregivers. Overall, direct care workers are predominantly female (87%) and had annual wages of less than 35,000 (65%). Twenty-eight percent are Black, non-Hispanic, and 41% are aged 50 or more years, according to the analysis.</p> <p>Other findings:</p> <ul style="list-style-type: none"> • Nursing homes and residential care facilities have higher shares of LPNs and RNs when compared with home- and community-based settings. The definition of residential care facility also includes settings serving people with intellectual and developmental disabilities or substance use disorder. • 21% of direct care workers in residential care facilities are RNs or LPNs, compared with 43% in nursing homes and 14% in home health and home- and community-based services settings. • Of the three settings, nursing homes have the highest percentage of RNs and the highest percentage of LPNs. HCBS have the highest percentage of aides. In the caregiver workforce in residential care facilities, 80% are aides, 12% are RNs and 9% are LPNs. By comparison, in nursing homes, 57% are aides, 26% are RNs and 17% are LPNs. In HCBS settings, 86% are aides, 10% are RNs and 3.7% are LPNs. • Direct care workers in residential care facilities are more likely to be citizens and work full-time than are workers in HCBS settings. In such residential care facilities, 92% of the 394.5 million direct care workers were citizens, compared with 88% of 1.7 million HCBS direct care

workers being citizens. In nursing homes, 94% of the 863.8 million direct care workers were citizens.

The analysis noted that the new so-called [Medicaid access rule](#) from the Centers for Medicare & Medicaid Services includes several requirements related to the adequacy of states' payments for direct care workers in home- and community-based settings but does not establish any minimum staffing levels for such settings, in contrast to a rule setting minimum staffing requirements for nursing homes.

See [the analysis](#) for more information.

11. ***Boston Globe**

October 30, 2024

[*'I don't deserve it': Seniors sue Revere assisted living home over 'ancillary fees'*](#)

By Jason Laughlin

"I don't deserve it," he said. "I worked my whole life supporting my kids. I guess I'm disappointed with what I'm left with, to be honest with you."

MacMaster is one of three named plaintiffs in a class action suit filed this month against Prospect House's property manager, Norwood-based HallKeen Management and related companies, claiming the company illegally charged low-income residents hundreds a month in "ancillary fees" tailored to claim all but \$100 or less from each resident.

The suit, filed in US District Court in Boston, comes as Attorney General Andrea Joy Campbell has made regulating assisted living facilities a cornerstone of her initiative to protect seniors in the state.

Attorney General Andrea Joy Campbell's office is working on regulation to shield thousands of state residents of assisted living homes from misleading business practices. Jessica Rinaldi/Globe Staff

Unlike nursing homes, which have specialized regulations, assisted living facilities, which offer some personal assistance but not the type of intensive medical care offered at nursing homes, are regulated more like landlords.

"Assisted living residences in Massachusetts are kind of the Wild West," said John Ford, director of the elder law project at the Northeast Justice Center in Lynn. "There are really very little protections for the consumers."

While many facilities are well run, Ford said, some homes have poorly defined fees, exorbitant rents, and unceremonious evictions.

"It's just that there are no standards," he said.

Campbell's office is now crafting regulations to shield the 17,000 residents of assisted living homes from misleading business practices, including predatory fees and evictions, and is seeking public feedback on what protections are needed.

Seniors in assisted living are "a vulnerable group that could benefit from additional consumer protections," said Mary Freeley, deputy chief of the attorney general's office's health care and fair competition bureau and head of the elder justice unit.

The office expects to release a draft of those regulations early next year. Earlier this year, Governor Maura Healey signed legislation that gave the Department of Public Health more power to police who can operate facilities in the assisted living industry.

According to the suit, HallKeen broke the law by charging fees even as it participated in a MassHealth program that paid for the cost of much of the residents' care and benefited from a federal tax credit that the suit states specifically bars adding mandatory fees on top of rent.

MassHealth's Program of All-Inclusive Care for the Elderly, or PACE, provides Prospect House with funds for essential services, including meals and personal care. The suit argues the fees amounted to double billing, charging residents for already funded services. Yet residents have been threatened with eviction for failing to keep up with fees.

"People can't afford their most basic needs," said Sean Ahern, the plaintiffs' attorney. "People can't even leave the building."

The suit was filed on behalf of all current and former Prospect House residents who relied on the tax credits and MassHealth benefits. The state's Executive Office of Housing and Livable Communities acknowledged HallKeen's participation in the tax credit program but declined to comment on the suit's allegations.

HallKeen denied its fees violated the terms of its federal tax credits. A document the company shared with state officials describes low-income residents being allotted a \$100-a-month spending allowance. HallKeen knew how much money residents had due to checks of their bank accounts to confirm eligibility for low-income units, said Ahern.

"We believe firmly that our policies are compliant with all applicable statutes as well as being consistent with assisted living industry standards," the company said in a statement.

The HallKeen umbrella of more than a dozen affiliated companies, state records show, encompasses condominiums and apartments along with assisted living facilities from Florida to Maine. HallKeen Assisted Living Communities manages seven other assisted living homes in Massachusetts.

HallKeen isn't just the management company at Prospect House. The facility itself is a company affiliated with HallKeen. The Massachusetts Executive Office of Elder Affairs has not received complaints about similar ancillary fees at any of the other assisted living properties, the state agency reported.

The office did receive complaints in March that HallKeen appeared to be charging residents for services provided through PACE. HallKeen gave the state agency a service agreement that detailed what the ancillary fees covered, but, according to a letter shared by Elder Affairs, never complied with a request to provide a plan that detailed how the company was going to confirm residents understood and agreed with the fees.


HallKeen, through a spokesperson, reported sharing information with Elder Affairs on Sept. 3, but did not provide a copy of that response. The agency and the company are still in discussions, spokespeople from both said.

"We are also implementing changes to our leasing agreements and other internal protocols to further clarify our policies," HallKeen said in its statement.

Ahern said his clients have not signed any new fee agreements, and they are not aware that any have been distributed in the home.

Brian Doherty, president of the industry trade group the Massachusetts Assisted Living Association, said oversight from Elder Affairs is sufficient. The agency does on-site visits at assisted living homes every two years and has the power to suspend a facility's certification, he said.

Assisted living is increasingly popular among seniors in the state, said Freeley.

	<p>“What we’re hearing is that the population of folks going into assisted living facilities, 20 years ago they would have been going into a nursing home,” she said.</p> <p>MacMaster, who had a career in the manufacturing industry, was separated from his wife just months after moving to Prospect House. She required more intensive care and now is at an East Boston nursing home. What money he has left goes almost entirely to the bus fare he uses to visit her several times a week.</p> <p>“I have 10 grandchildren,” he said. “I don’t have any money to give them anything.”</p>
<p>Caregiving</p> 	<p>12. Administration on Community Living <u>November: National Family Caregivers Month</u></p> <p>Celebrated every November, National Family Caregivers Month (NFCM) is a time to recognize and honor family caregivers across the country. It offers an opportunity to raise awareness of caregiving issues, educate communities, and increase support for caregivers.</p> <p>The national observance is led by Caregiver Action Network (CAN), a nonprofit that provides free education, peer support, and resources to family caregivers. CAN selected the 2024 theme, <i>I Care...</i>, to highlight the importance of self-recognition and self-identity — key factors in caregivers’ access to essential support. According to CAN, more than half of those providing care in the U.S. don’t recognize themselves as caregivers. As a result, many do not connect with supports that can make a difference throughout their caregiving journeys.</p> <ul style="list-style-type: none"> • More from CAN: Why Self-Identification Matters • A Proclamation on National Family Caregivers Month, 2024 The White House • Supporting Family Caregivers: A Key Issue for ACL and for Our Time (ACL blog) • HHS Secretary Becerra's personal story about being a caregiver Visit ACL's NFCM Page
<p>Medicare</p>	<p>13. New York Times (free access) November 4, 2024 (updated) It’s Time to Shop for Medicare, and 2025 Brings Big Changes By Mark Miller</p> <p><i>A bumper crop of revisions, including a stronger drug benefit, means the plan you enrolled in for 2024 may not be the best fit next year.</i></p> <p>Americans on Medicare will see big, and welcome, changes next year. The program’s prescription drug insurance will be much stronger — and easier to understand — as a result of the Inflation Reduction Act of 2022. But the changes make it all the more important to review your coverage options during Medicare’s annual enrollment period, which is happening now and runs through Dec. 7.</p> <p>Prescription drug and Medicare Advantage plans are revising their offerings more than usual for 2025 because of changes required by the Act. The legislation strengthens prescription drug coverage substantially by imposing a hard \$2,000 cap on total out-of-pocket spending for drugs covered by your plan.</p> <p>The law will provide thousands of dollars in relief to beneficiaries who take high-cost drugs for conditions like cancer and multiple sclerosis, and it will give seniors greater predictability in planning their health care spending.</p>

But the plan you're in for 2024 may not be the best fit next year. Your premium and deductible might actually rise as insurance companies react to the changing rules, and a plan's list of covered drugs might change. If you are enrolled in traditional Medicare Part A (which covers hospitalizations) and Part B (outpatient visits) and have a supplemental Medigap policy, there's no need to review that coverage. But stand-alone Part D prescription plans should be re-evaluated. And if you have chosen Medicare Advantage as an alternative to traditional Medicare, it makes sense to re-evaluate this coverage, too, since many of these plans include drug coverage.

"People need to be on high alert this year for changes to whatever type of private Medicare plan coverage they have," said Philip Moeller, author of the book, "[Get What's Yours for Medicare](#)."

"Everyone needs to be especially vigilant," he said.

The 2025 changes join other cost-containment provisions of the Inflation Reduction Act that have already been phased in, including a \$35 monthly cap on the cost of insulin for diabetes patients and, for low-income seniors, free vaccines and expanded eligibility for financial assistance with Part D costs.

Here's a look at how private plan offerings will change in 2025, and what to look out for as you shop for coverage.

If you're on traditional Medicare with a Part D plan

The Part D changes have prompted insurers to raise premiums for many stand-alone drug plans as they move to cover higher expected costs. In response, the Biden administration offered a program designed to offset premium increases by [subsidizing drug plans](#), and most insurers have signed on. But companies participating in this program can raise premiums as much as \$35 per month, and premiums are jumping for some of the most popular plans, [according to KFF, a health care research nonprofit](#).

But it's critical to consider your total out-of-pocket costs for a plan, not just the premium. When you search for plans using the government's [Medicare Plan Finder](#), you'll see not only premiums but projected total annual costs that include deductibles and cost-sharing (what you might pay after premiums). And starting next year, the law replaces what had been a confusing system of cost sharing with a new approach.

Along with their premiums, enrollees will pay a maximum deductible up to \$590 and will then pay part of their drug costs up to the \$2,000 ceiling. At that point, they will have no additional out-of-pocket costs.

However, plans are permitted to vie for your business by making more competitive offers, and most will have offers below the maximums, said David Lipschutz, co-director of the Center for Medicare Advocacy, a nonprofit group. "You might find plans with a lower or no deductible or a reduction in cost sharing or coverage of drugs that are not usually covered under Part D," he said.

And, there's a caveat to that \$2,000 cap — it applies only to the drugs covered by your plan. That means it's crucial to check your plan's list of covered drugs (the "formulary") to see if drugs you take are included — if not, shop for a new plan.

What if you're prescribed a costly new medication next year that isn't covered by the plan you select? You still have options. "The first thing we recommend is that people ask their health care provider if there's an alternative medication that would work for you that's included in your plan's formulary," said Casey Schwarz, senior counsel for education and federal

policy at the Medicare Rights Center, a consumer and advocacy organization.

If there's a medical reason for you to use the off-formulary drug, you can [file an appeal](#) requesting an exception. And if the appeal is rejected, another level of appeal is available that goes before an independent review firm hired by Medicare. "We see initial denials for exceptions requests that are overturned" if the person appeals to an independent review, especially when a patient has the support of the prescribing physician and medical documentation, Ms. Schwarz said.

Also new for 2025 is a [Medicare Prescription Payment Plan](#) option for enrollees who experience high out-of-pocket costs and struggle to pay before they reach the \$2,000 cap. The plans will allow you to spread expected costs across the calendar year instead of paying in one lump sum. All Part D plans must offer these payment plan options.

But most experts consider the cap to be the most profound and positive change to the Part D program. About 4.6 million Medicare Part D enrollees had already reached \$2,000 or more in out-of-pocket drug costs by the end of June this year, according to [federal government data](#). Enrollees spending that much experienced especially high out-of-pocket spending on cancer drugs — but the cap is designed to guard against any unforeseen high-cost drug needs, said Tricia Neuman, senior vice president of KFF. "In any given year, you never know what your drug needs might be," she said.

Along with saving money, the imposition of a hard cap will give Medicare enrollees more predictability and stability in their household finances, Ms. Schwarz said. "It allows people to more effectively plan for their entire financial life, especially folks on more limited and fixed incomes."

If you're on Medicare Advantage

Medicare Advantage is a managed-care alternative to the traditional program offered by insurance companies that combines Part A and B services, and often includes Part D prescription drug coverage and extra benefits like dental, vision and hearing coverage. The law's prescription drug cost controls apply to them as well as to the stand-alone plans. Next year brings an unusual amount of change for Advantage plans, which means it will be important for enrollees to check their coverage and possibly switch plans.

Many Advantage plans are revising their cost-sharing features. Sixty percent of enrollees in plans that include drug coverage will pay a drug deductible in 2025 if they make no changes to their coverage, according to KFF — a substantial increase from 2024 when 21 percent faced a drug deductible in these plans. (Some of these enrollees receive low-income subsidies that cover their deductible.) The average deductible in 2025 will be four times higher for these enrollees than in 2024 (\$225 vs. \$59) according to KFF.

Dr. Neuman cautions enrollees to look carefully for less obvious changes in drug coverage. "The list of covered drugs and the preferred pharmacy networks can all have a big impact on your coverage and costs," she said. Plan choice remains relatively stable — the average beneficiary will be able to choose among 34 Advantage plans that offer drug coverage, just two fewer than this year, KFF reports. Five percent of Medicare Advantage enrollees are in a plan this year that has been terminated for 2025, according to KFF. These enrollees will not be automatically assigned to another Advantage plan offered by that insurer. Another 7 percent of Advantage enrollees are in plans that are being consolidated by their

	<p>insurers and will find themselves automatically moved into another plan from the same carrier.</p> <p>Traditional Medicare or Advantage?</p> <p>Insurance companies spend millions of dollars during annual enrollment promoting their plans with tempting pitches of extra benefits and lower costs. But surveys of beneficiaries find that the proportion of them who find their care affordable is no greater in Advantage than in traditional Medicare. And, if you're enrolled in traditional Medicare, switching to Advantage could be an irreversible move, because if you ever want to switch back, you may not be able to obtain Medigap supplemental coverage.</p> <p>If you are in an Advantage plan that is terminated, you might qualify for a Medigap "guaranteed issue right" if the plan sponsor does not offer you a comparable option. When you first sign up for Part B, Medicare's "guaranteed issue" rules forbid Medigap plans from rejecting you or charging a higher premium because of any pre-existing conditions. But after that time, Medigap plans in all but four states (Connecticut, Massachusetts, Maine and New York) are permitted to reject your application or charge higher premiums.</p> <p>How to shop for your coverage</p> <p>Review your annual notice. Your plan provider is required to send you an Annual Notice of Change document each fall, either by mail or email. This will include the premium you'll be charged in the coming year and the annual deductible. It will also tell you if coverage of your drugs will change or if changes are being made to your Medicare Advantage health care provider network.</p> <p>Watch the tiers. Plans typically group drugs into a number of tiers, with lower-cost drugs like generics in the lower tiers. The change notice will show if a drug has moved from the first to the second or third tier; if that happens, you may face higher cost-sharing or bureaucratic hassles getting a drug covered.</p> <p>Contact the SHIP. Each state has a State Health Insurance Assistance Program, which offers comprehensive and unbiased guidance on plan selection. The service is financed by the federal and state governments, and it provides free, expert help with Medicare. The nonprofit Medicare Rights Center offers a counseling hotline at (800) 333-4114.</p>
<p>Aging Topics</p>	<p>14. *Boston Globe October 30, 2024 ‘You can no longer drive, and good luck’: Figuring out how long it’s safe to drive has become the third rail of aging By Kay Lazar <i>As the proportion of fatal crashes involving older drivers rises, two new studies underscore significant challenges ahead</i> David Hosford is anxious about a big test coming up in December. That’s when the 87-year-old retired high school teacher will have his driving skills assessed to see if it’s still safe for him to get behind the wheel. Hosford was diagnosed with mild cognitive impairment about four years ago but seemed OK to drive. Recently, though, his neurologist had grown concerned about some deterioration and suggested Hosford take a safety test and stop driving until that evaluation was completed. So, for now Hosford and his wife, Diana, who does not drive, are relying on neighbors and friends to take them to appointments, shopping, and everywhere else they need to go. The wait time for backlogged safe-driving assessments can be several months in Massachusetts.</p>

“We live out in rural Plymouth. The nearest loaf of bread is seven miles down the road,” Hosford said. “There isn’t any place to walk to.”

Determining whether an [older person](#) remains safe to drive has become a third rail of aging as many people maintain their license far longer than most did a generation ago. At the same time, the [proportion of fatal crashes](#) nationwide involving older drivers has risen 73 percent since 2001, federal data show. Now, two new studies from local researchers underscore the challenges ahead.

“Most health care professionals do not have the requisite knowledge and training to assess driving competence,” Dr. Kirk Daffner, director of the Center for Brain/Mind Medicine at Brigham and Women’s Hospital, noted in an [October article](#) in JAMA Neurology.

Daffner sees many patients with cognitive impairments who may eventually need a comprehensive driving assessment by a specialized program, which often includes a road test. But many, like Hosford, struggle to pay the hefty price tag, which can run upward of \$800 in Massachusetts.

Medicare doesn’t cover the cost, which means millions of older adults, many on fixed incomes, must come up with the money. This policy, Daffner wrote in JAMA, needs to change.

“Impaired drivers,” he wrote, “pose safety risks for not only themselves but also the public at large.”

But just yanking older drivers’ licenses should not happen in a vacuum, Daffner said, because it often leads to isolation.

“If we take away people’s keys or the ability to drive, then as a society we need to do a better job providing them with alternative means of transportation,” he said. “It’s just cruel to say; ‘Well, you can no longer drive, and good luck.’ ”

And while the number of fatal crashes involving older drivers has increased in recent years, the number of those crashes as a share of the older population has declined.

Still, Daffner and other health experts said they see trouble ahead. More drivers than ever are maintaining their licenses well into old age. Federal data show that 59 percent of people 85 and older still had their licenses in 2020, the most recent data available, compared with roughly half in 2000. And about 17 percent of Americans over 65 — about 8.2 million people nationwide — experience mild cognitive impairment and are at increased risk for crashes.

Age alone doesn’t determine driving performance. But as our years increase, so, too, does the potential for health issues that can impair ability behind the wheel, including reduced vision or hearing, slower reaction times, seizures, or heart conditions that can produce light-headedness.

Andrew Zullo, an associate professor of public health at Brown University, recently studied medications commonly taken by older adults that could impair driving ability, such as medicine to treat anxiety, insomnia, pain, depression, and even high blood pressure, and found that most who were in a car crash continued to take them afterward.

Zullo’s [study, published this month](#) in JAMA Network Open, noted that approximately 20 percent of drivers 65 and older who have been involved in one crash will have another. That sobering statistic, he said, makes it crucial for health leaders to identify ways to prevent the crashes.

One obvious obstacle, he said, is that doctors often don’t know their patients were involved in an accident unless they were seriously injured.

“We don’t have robust systems in the US to notify physicians,” he said. If doctors had such a system, or their patients felt comfortable confiding the information, their doctor could do a review of their medications and perhaps lower the dosage or switch to another one with less potential to impair driving.

“I think a lot of older adults are worried that if they are involved in a motor vehicle crash their families or others in their lives may express concern about their driving and may apply pressure to stop driving,” Zullo said.

“That’s a worry for older adults because that’s taking away their autonomy.” Massachusetts [law requires people 75](#) and older to renew their license in person and pass a vision test. But after they’ve passed the road test required to receive a license in the first place, often decades ago, the state relies on motorists themselves to determine whether they can still safely drive. It [does not require](#) health care providers to report patients they believe are not physically or medically capable of safely operating a motor vehicle, though it provides a system to report concerns to the Registry of Motor Vehicles, which has a medical affairs unit to review the reports. Dr. Sarah McGee, clinical chief of geriatric medicine at UMass Memorial Health, said that in her 34 years at UMass, she has resorted to reporting just one or two patients to the state. But she said she strongly advises patients who may be impaired to have their driving evaluated by an assessment program, explaining where the programs are and how much they cost.

Sometimes driving assessments find a patient may just need a refresher course, she said, and they set up a lesson.

“Some patients say, ‘I do much less driving at night,’ or ‘I don’t like driving in a storm,’ or they don’t like getting on a highway,” McGee said. “It’s very telling in terms of what people share with you. A lot of times people will restrict their driving themselves.”

Often caught in the middle are middle-aged children of older people, nervously watching a parent decline but unsure how to broach the prickly issue.

That would describe Anna Stern, a 45-year-old social worker who realized her then-76-year-old mother was driving around Somerville far below the speed limit, changing lanes without signaling, and seeming uncertain behind the wheel. Stern contacted her mother’s doctor privately and asked that he bring up the subject.

Her mother, who thought her driving was fine, didn’t pass the initial in-office evaluation at Spaulding Rehabilitation, one of a [handful of hospital-based driving](#) assessment programs in Massachusetts. So, she opted not to proceed to the road test and gave up her car.

“I was shocked,” said Stern’s mother, Tam Neville, now 80. “I studied the AAA book, and I thought it would be easier than it was. My feeling is that they don’t want seniors on the road, probably for good reason.”

Neville is among the fortunate ones. She could easily afford the \$300 for the initial evaluation, and she lives within a 10-minute walk of many stores and restaurants in Somerville. She also has a home health aide to help run errands.

David and Diana Hosford’s wedding photo. The retired Army veteran, who was awarded the Bronze Star for his service in Vietnam, was diagnosed with mild cognitive impairment and his neurologist wants him to take a driving test.

	<p>But Hosford, the 87-year-old awaiting his driving evaluation in Plymouth, isn't so lucky. With a fixed income, the \$300 tab on his credit card weighs heavily as he looks longingly at his idle Ford pickup truck.</p> <p>"I feel like a beggar when I have to ask friends and neighbors for a ride," he said.</p> <p>Losing the ability to drive, said his wife, Diana, is like breathing. "You don't think about it until you can't."</p>
<p>Elder Abuse and Fraud</p>	<p>15. U. S. Department of Justice October 2024 <u>Annual Report to Congress on DOJ Activities to Combat Elder Fraud and Abuse</u></p> <p>The Department of Justice has released its sixth Annual Report to Congress on its elder justice activities from July 1, 2023, through June 30, 2024. Working with our local, state, Tribal, and federal partners, the Department pursued over 300 elder justice enforcement actions against over 700 defendants charged with stealing nearly \$700 million from over 225,000 older victims. Further, the Department engaged in nearly 1000 public awareness events reaching over 320,000,000 Americans.</p> <p>In addition to highlighting the Department's elder justice efforts, this year's Report highlights resources, training, and tools available to law enforcement and our other elder justice partners. It also highlights important information on trending fraud schemes and tips on how older adults and their families can protect themselves.</p> <p>16. National Center on Elder Abuse October 2024 <u>Preventing and Responding to Domestic and Sexual Violence in Later Life</u> By Oyesola Oluwafunmilayo Ayeni, PhD. Director of Research and Evaluation, National Resource Center on Domestic Violence (NRCDV)</p> <p>October is Domestic Violence Awareness Month (DVAM), a time to raise awareness about domestic violence and its impact on older adults. The National Resource Center on Domestic Violence (NRCDV) has published a special collection of resources focused on preventing and responding to domestic and sexual violence in later life. This collection includes research on various aspects of elder abuse, such as domestic violence, sexual assault, stalking, and financial exploitation. Additionally, it provides resources for public education, victim advocates, healthcare professionals, and other key audiences. NRCDV remains committed to supporting the development of resources that address the intersection of domestic violence, sexual abuse, and elder abuse.</p> <p>17. National Center on Elder Abuse <u>NCAEM Mentorship Program Announcement</u> The <u>National Collaboratory to Address Elder Mistreatment (NCAEM)</u> is pleased to announce a request for applications for its <u>Mentorship Program</u>. NCAEM is comprised of national experts working together to implement <u>the Elder Mistreatment Emergency Department (EMED) Toolkit</u>. We recognize that improving elder mistreatment identification, intervention, and prevention requires supporting people with a broad range of interests and careers, and we ask for your help in this by circulating the following information about the mentorship program.</p> <p>This 1-year mentorship program is intended to identify and support clinicians and service providers, researchers, policy makers and advocates from multiple disciplines who wish to focus on improving care for older adults experiencing or at risk of experiencing elder mistreatment. Applicants</p>

	<p>representing or working with underserved populations are encouraged to apply.</p> <p>The program provides career development opportunities, including:</p> <ol style="list-style-type: none"> 1. Developing leadership skills and strategies for professional advancement 2. Building social and professional capital through expanded networks 3. Identifying relevant funding opportunities 4. Acquiring grant writing skills to secure financial support 5. Receiving guidance for career development and growth <p>For more information and to access the application form please visit: https://www.edc.org/NCAEM-mentorship</p> <p>Applications are due Friday, 11/22/24 at 11:59PM PST. If you have any questions about the NCAEM Mentorship program or the application process, please reach out to NCAEM@edc.org.</p> <p>18. National Center on Elder Abuse <i>Where Faith and Safety Meet Faith Communities Respond to Elder Abuse</i> The NCEA is pleased to share their latest publication: <i>Where Faith and Safety Meet Faith Communities Respond to Elder Abuse</i>. The goal of this resource is to help trusted faith community members and leaders, support older adults who are experiencing abuse. Access additional resources addressing elder abuse in Faith Communities:</p> <ul style="list-style-type: none"> • How Faith Leaders Can Support Congregants Who Experience Abuse • Bringing Together Faith and Safety for Older Adults English Spanish • Faith Communities and Multidisciplinary Teams
Public Policy	<p>19. Commonwealth Beacon October 28, 2024 <i>Mariano sets legislative game plan for rest of year</i> By Bruce Mohl House Speaker Ron Mariano issued a statement saying the House will take up the climate bill when the chamber is called back into formal session to approve economic development legislation. Mariano laid out his end-of-session game plan on Monday after Republicans in the House blocked action on the climate bill during an informal session when traditionally only noncontroversial legislation is considered.</p>
Actions by the Attorney General	<p>20. Office of Attorney General Andrea Campbell November 1, 2024 <i>AG's Office Announces \$10 Million Multistate Settlement With Generic Drug Manufacturer Over Conspiracies To Inflate Prices And Limit Competition</i> <i>Settlement is Part of Multistate Coalition's Ongoing Generic Drug Price-Fixing Litigation</i> The Massachusetts Attorney General's Office (AGO) announced a \$10 million multistate settlement with Heritage Pharmaceuticals (Heritage). The settlement resolves allegations that the company engaged in widespread, long-running conspiracies to artificially inflate and manipulate prices, reduce competition, and unreasonably restrain trade with regard to numerous generic prescription drugs. As part of the settlement agreement, the company has agreed to cooperate in the ongoing multistate litigations against 30 corporate defendants and 25 individual executives. The company has further agreed to a series of internal reforms to ensure fair competition and compliance with antitrust laws.</p>

Those who purchased a generic prescription drug manufactured by Heritage Pharmaceuticals between January 1, 2010 and December 31, 2018, may be eligible for compensation. To determine eligibility, customers should call 1-866-290-0182 (Toll-Free), email info@AGGenericDrugs.com or visit www.AGGenericDrugs.com. The settlement is part of ongoing litigation by a multistate coalition, led by the Connecticut Attorney General, related to allegations of generic drug price-fixing. The multistate coalition has filed three multistate antitrust complaints against pharmaceutical companies related to allegations of conspiracies to artificially inflate and manipulate generic drug prices, reduce competition, and unreasonably restrain trade with regard to numerous generic prescription drugs. The settlement also comes as the multistate coalition prepares for its first trial regarding these complaints.

21. Office of Attorney General Andrea Campbell

October 30, 2024

[Quincy-Based Physician Group To Pay \\$650,000 To Resolve Allegations of False Billing to MassHealth](#)

Evolve Health Allegedly Billed MassHealth for Services Not Provided

The Massachusetts Attorney General's Office (AGO) has reached a settlement with Evolve Health, P.C. (Evolve), a Quincy-based physician group practice specializing in substance abuse treatment. The settlement resolves allegations that the organization submitted false claims to MassHealth and MassHealth managed care entities (MCEs) by billing MassHealth for services that were not provided and billing for more expensive levels of service than actually provided.

As part of the settlement, Evolve will pay \$650,000 in restitution to the Commonwealth and will implement a three-year independent compliance monitoring program at its own expense. The compliance program will result in updated policies and procedures to ensure compliance with MassHealth and MCE requirements, along with trainings for staff on the updated policies and procedures, and annual record and on-site audits.

Per its investigation, the AGO alleges that since at least January 2018, Evolve routinely submitted claims to MassHealth and MCEs for confirmatory urine tests that it did not provide.

22. Office of Attorney General Andrea Campbell

October 29, 2024

[AG's Office Reaches Settlement With Swampscott-Based Medical Transportation Company To Resolve False Billing Allegations](#)

RM Transportation Allegedly Billed MassHealth for Services Not Provided; Will Pay \$380,000 and Implement Compliance Program

The Massachusetts Attorney General's Office (AGO) has reached a settlement with RM Transportation, Inc. (RM Transport), a Swampscott-based medical services transportation provider, to resolve allegations that the company billed MassHealth for transportation services that it did not provide.

As part of the settlement, RM Transport will pay \$380,000 to the Commonwealth and will implement a three-year independent compliance monitoring program at its own expense. The compliance program will result in updated policies and procedures to ensure compliance with MassHealth requirements, along with trainings for staff on the updated policies and procedures, and annual record and on-site audits.

The AGO alleges that RM Transport knowingly submitted false claims to MART for services it did not provide to MassHealth members, including

	submitting claims for instances when relevant medical facilities were closed, when the members had take-home Methadone doses and were not going to the Methadone clinic, and when medical services for MassHealth members had concluded.
Transportation	<p>23. Office of Governor Maura Healey and Lt. Gov. Kim Driscoll October 24, 2024 Healey-Driscoll Administration Announces Fare Free Regional Transit Across State</p> <p>The Healey-Driscoll Administration announced \$30 million in grants to 13 Regional Transit Authorities (RTAs) in Massachusetts to provide year-round, fare free public transportation services. The funding was provided in the Fiscal Year 2025 budget signed by Governor Maura Healey in July and builds off of two years of successful pilot programs. . .</p> <p>he 13 RTAs that applied for and will be receiving funds are:</p> <ul style="list-style-type: none"> • Brockton Area Transit Authority: \$2,582,274 • Berkshire Regional Transit Authority: \$699,733 • Cape Anne Transit Authority: \$293,054 • Franklin Regional Transit Authority: \$218,173 • Lowell Regional Transit Authority: \$1,170,257 • Montachusett Area Regional Transit: \$1,095,279 • Merrimack Valley Transit Authority: \$2,575,810 • MetroWest Regional Transit Authority: \$812,331 • Nantucket Regional Transit Authority: \$484,507 • Pioneer Valley Transit Authority: \$9,511,353 • Southeastern Regional Transit Authority: \$3,230,893 • Vineyard Transit Authority: \$1,809,050 • Worcester Regional Transit Authority: \$5,517,286 <p>Information on the Regional Transit Authorities operating in Massachusetts can be found online: https://www.mass.gov/info-details/public-transportation-in-massachusetts#regional-transit-authorities-</p>
Public Sessions	<p>24. Massachusetts Commission for the Blind Statutory Advisory Board Tuesday, November 5, 2024, 12:00 p.m. The agenda includes welcoming new members, a commissioner report and program updates. Agenda and Zoom</p> <p>25. State Rehabilitation Council Thursday. November 7, 2024, 4:00 p.m. Executive Committee of the State Rehabilitation Council meets. Zoom</p>
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and</p>

	<p>maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. Names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>	
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmooore8473@charter.net.</p>	
<p>Websites</p>	<p><u>Massachusetts Caregiver Coalition</u> https://www.mass.gov/info-details/massachusetts-caregiver-coalition A public-private partnership of diverse business and worker advocates with a focus on elevating the needs of family caregivers as a talent attraction and retention strategy in Massachusetts.</p>	
<p>Blogs</p>		
<p>Podcasts</p>		
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>	
<p>Previously posted funding opportunities</p>	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>	
<p>Websites of Dignity Alliance Massachusetts Members</p>	<p>See: https://dignityalliancema.org/about/organizations/</p>	
<p>Contact information for reporting complaints and concerns</p>	<p>Nursing home</p>	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>
<p>Money Follows the Person</p>	<p>MassHealth Money Follows the Person</p> <p>The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community.</p> <p>Statistics as of September 27, 2024: 710 people enrolled, most in nursing facilities 173 people transitioned out of nursing facilities 10 people through the cycle since 2023, off the program, living independently in the community. 38 people approved for AHVP (Alternative Housing Voucher Program) nursing home vouchers, 14 currently in use Open PDF file, 1.34 MB, MFP Demonstration Brochure</p>	

	<p>MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version</p>
<p>Determination of Need (Pending proposals)</p>	<p>Massachusetts Department of Public Health Lasell Village, Inc. – Conservation Long Term Care Project</p> <p>Lasell House is a thirty-eight (38) bed Medicare certified skilled nursing facility, located in Newton.</p> <p>This project is a phased renovation of the third floor Skilled Nursing Facility Lasell House. The facility has twenty-five (25) total bedrooms accommodating up to thirty-eight (38) residents. At present, all twenty-five (25) bedrooms have a toilet and sink with only one of the twenty-five (25) bedrooms having its own shower (the Special Care Isolation Bedroom). The other patients are currently transported to the Tub/Shower Room resulting in patients having to wait to receive a shower when the room is not occupied.</p> <p>Upon completion of the phased renovation, the facility will provide skilled nursing care in seventeen (17) Private Bedrooms and three (3) Semi-Private Bedrooms. The Semi-Private Bedrooms will be able to accommodate two residents or allow for a couple to remain together as they age through the Continuum of Care. The twenty (20) total bedrooms accommodate twenty-three (23) licensed beds with each bedroom having a full bathroom including toilet, sink, and shower. A select number of rooms will also be outfitted with additional structural blocking within the ceilings to accommodate Hoyer lifts in the future if they are needed. The tub room will be relocated to the lower level within the same building and located directly off the elevator. Service spaces will include a nursing station and two charting stations, a rehabilitation gym, dining space with nourishment kitchen, clean linen, clean utility room, medication room, oxygen storage, general storage, and public bathrooms. A new Linen Chute will be integrated into the building from the third floor emptying into a new Soiled Linen Room located in the lower level. The chute will alleviate the need for soiled linen closets to be located on the unit and will assist with infection prevention.</p> <p>The feel of the existing facility is reminiscent of a hospital setting as was typical of most skilled nursing facilities when Lasell House was constructed. One of the goals of this renovation, and one that is tied to Lasell’s overall desire to improve the culture is to create a more homelike and welcoming feel within the facility. To achieve this goal, the new design does not include a central nurse’s station and instead locates nurses and charting stations directly off the corridors so that they are easily accessible and able to monitor patients without being in the main circulation space. While finished materials still need to be durable and meet the fire rated standards for a skilled nursing facility, the design team will choose warm and inviting materials that would feel more like a home setting. Patient bedrooms will have new beds, bedside cabinets, bureaus, chairs, and window treatments as part of the renovation. Common areas will have new furniture, tables, and other accessories.</p> <p>Regarding building systems, the existing main mechanical, electrical, and plumbing infrastructure will remain, and the new design will connect to these existing systems. Improvements for patient comfort will be made by providing each bedroom with its own thermostat to independently control heating and cooling as currently two bedrooms share a single thermostat control.</p> <p>Additionally, the existing windows on the third floor will be replaced with new</p>

	<p>high-performing energy efficient windows. The roof on the building will be replaced as it is past its useful life.</p> <p>The Maximum Capital Expenditure (MCE) for the project is \$6,703,239.35.</p> <p>Application Documents</p> <ul style="list-style-type: none"> • Application (PDF) (DOCX) • Capital Costs (XLSX) • Affiliated Parties (PDF) (DOCX) • Change in Service (PDF) (DOCX) • CPA Report (PDF) (DOCX) • Attachments (PDF) (DOCX)
<p>Nursing Home Closures (pending)</p>	<p>Massachusetts Department of Public Health <i>Highview of Northampton</i> <i>Closure date: February 6, 2025</i> <i>Public hearing date:</i> <i>Wednesday, November 6, 2024, 6:00 p.m.</i> <i>Toll-Free number: 888-946-3502</i> <i>Participant passcode: 6102133</i> Notice of Intent to Close (PDF) (DOCX) Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website.</p>
<p>Nursing Home Closures</p>	<p>Massachusetts Department of Public Health <i>Marion Manor, South Boston</i> <i>Closure date: September 11, 2024</i> <i>Bridgewater Nursing & Rehab, Bridgewater</i> <i>Closure date: May 24, 2024</i> <i>Savoy Nursing and Rehabilitation Center, New Bedford</i> <i>Closure date: April 3, 2024</i> <i>New England Sinai Hospital Transitional Care Unit</i> <i>Closure date: April 2, 2024</i> <i>South Dennis Health Care, Dennis</i> <i>Closure date: January 30, 2024</i> <i>Arnold House Nursing Home, Stoneham</i> <i>Closure date: September 22, 2023</i> <i>Willimansett East, Chicopee</i> <i>Closure date: June 6, 2023</i> <i>Willimansett West, Chicopee</i> <i>Closure date: June 6, 2023</i> <i>Chapin Center Springfield</i> <i>Closure date: June 6, 2023</i> <i>Governors Center, Westfield</i> <i>Closure date: June 6, 2023</i> <i>Emerson Rehabilitation and Transitional Care Unit</i> <i>Closure date: May 17, 2023</i> <i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> <i>Closure date: February 10, 2022</i> <i>Heathwood Healthcare, Newton</i> <i>Closure date: January 5, 2022</i> <i>Mt. Ida Rest Home, Newton</i> <i>Closure date: December 31, 2021</i> <i>Wingate at Chestnut Hill, Newton, MA</i> <i>Closure date: October 1, 2021</i></p>

	<p><i>Halcyon House, Methuen</i> Closure date: July 16, 2021</p> <p><i>Agawam HealthCare, Agawam</i> Closure date: July 27, 2021</p> <p><i>Wareham HealthCare, Wareham</i> Closure date: July 28, 2021</p> <p><i>Town & Country Health Care Center, Lowell</i> Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <u>Highview of Northampton</u></p>
Massachusetts Department of Public Health Determination of Need Projects	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care 2023</i> <u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u> <u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u> 2022 <u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – Quaboag</u> <u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u> <u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u> <u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation</u> 2020 <u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated April 24, 2024 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally</p>

have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.

This is important information for consumers – particularly as they consider a nursing home.

What can advocates do with this information?

- Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.
- Post the list on your program’s/organization’s website (along with the explanation noted above).
- Encourage current residents and families to check the list to see if their facility is included.
- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated)

Newly added to the listing

- Somerset Ridge Center, Somerset
<https://somersetridge rehab.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- South Dennis Healthcare
<https://www.nextstephc.com/southdennis>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225320>

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
<https://tinyurl.com/MarlboroughHills>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225063>

Massachusetts facilities which have graduated from the program

- The Oxford Rehabilitation & Health Care Center, Haverhill
<https://theoxfordrehabhealth.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225218>
- Worcester Rehabilitation and Health Care Center, Worcester
<https://worcesterrehabcare.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225199>

Massachusetts facilities that are candidates for listing (months on list)

- AdviniaCare Newburyport (3)
<https://www.adviniacare.com/adviniacare-country-center/>

	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225332</p> <ul style="list-style-type: none"> • Charwell House Health and Rehabilitation, Norwood (27) https://tinyurl.com/Charwell <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208</p> <ul style="list-style-type: none"> • Fall River Healthcare (9) https://www.nextstephc.com/fallriver <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225723/</p> <ul style="list-style-type: none"> • Glen Ridge Nursing Care Center, Medford (13) https://www.genesishcc.com/glenridge <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523</p> <ul style="list-style-type: none"> • Mill Town Health and Rehabilitation, Amesbury (26) No website <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318</p> <ul style="list-style-type: none"> • Parkway Health and Rehabilitation Center, West Roxbury (7) https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225497</p> <ul style="list-style-type: none"> • Pioneer Valley Health & Rehabilitation Center, South Hadley (24) https://pioneervalleyhealth.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757</p> <ul style="list-style-type: none"> • Plymouth Harborside Healthcare (4) https://www.nextstephc.com/plymouth <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225284/</p> <ul style="list-style-type: none"> • Plymouth Rehabilitation and Health Care Center (22) https://plymouthrehab.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207</p> <ul style="list-style-type: none"> • Royal Norwell Nursing & Rehabilitation Center (4) https://norwell.royalhealthgroup.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225482/</p> <p>Massachusetts Facilities that have graduated from the program</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation & Health Care Center, Marlborough https://marlboroughhillsrehab.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063/</p> <ul style="list-style-type: none"> • Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218/</p> <p>No longer operating</p> <ul style="list-style-type: none"> • South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram
Nursing Home Inspect	ProPublica Nursing Home Inspect

Data updated April 24, 2024

This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases).

Massachusetts listing:

<https://projects.propublica.org/nursing-homes/state/MA>

Deficiencies By Severity in Massachusetts

[\(What do the severity ratings mean?\)](#)

Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited
B	284	198	Tag B
C	108	85	Tag C
D	7,496	1,469	Tag D
E	1,965	788	Tag E
F	656	317	Tag F
G	568	384	Tag G
H	44	33	Tag H
I	3	2	Tag I
J	57	27	Tag J
K	8	5	Tag K
L	5	2	Tag L

Updated April 24, 2024

Nursing Home Compare

Centers for Medicare and Medicaid Services (CMS)

Nursing Home Compare Website

Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.

This information will be posted for each facility and includes:

- **Staff turnover:** The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.
- **Weekend staff:** The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.

Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.

<https://tinyurl.com/NursingHomeCompareWebsite>

Data on Ownership of Nursing Homes

Centers for Medicare and Medicaid Services

Data on Ownership of Nursing Homes

CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple

	nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.																																													
DignityMA Call Action	<ul style="list-style-type: none"> The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. Support relevant bills in Washington – Federal Legislative Endorsements. Join our Work Groups. Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																																													
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																																													
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Jim Lomastro Arlene Germain</td> <td>jimlomastro@comcast.net agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Stephen Schwartz</td> <td>sschwartz@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td>baskinfrank19@gmail.com cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Assisted Living	John Ford	jford@njc-ma.org	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu	Facilities (Nursing homes and rest homes)	Jim Lomastro Arlene Germain	jimlomastro@comcast.net agermain@manhr.org	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Legislative	Richard Moore	rmoore8743@charter.net	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org	Interest Group	Group lead	Email	Housing	Bill Henning	bhenning@bostoncil.org	Veteran Services	James Lomastro	jimlomastro@comcast.net	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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Covid / Long Covid	James Lomastro	jimlomastro@comcast.net																																												
Incarcerated Persons	TBD	info@DignityAllianceMA.org																																												
Bringing People Home: Implementing the Marsters class action settlement	<p>Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/</p>																																													
REV UP Massachusetts	<p>REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote.</p> <p>Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page.</p>																																													

<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke
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<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i> https://dignityalliancema.org/dignity-digest/</p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	